VA Home Based Primary Care

Barbara Jaramillo, MSN, RN

VA Southwest Health Care Network – VISN18
Geriatric and Extended Care Program Manager
First HBPC pilot in 1970 at 6 facilities

- Started in large urban teaching facilities, now expanded to rural sites
- Unique design of program very different from Medicare Skilled care
- Targets frail, chronically ill veterans requiring interdisciplinary team care in the home
VA HBPC
- Targets chronic disease
- Comprehensive primary care
- Interdisciplinary team care
- Not strict on Homebound
- Skilled care not required
- Longitudinal care
- Accepts declining status
- Reduces hospital days
- Limited geography & intensity

Medicare Skilled
- Targets remediable conditions
- Problem-focused care
- One or more disciplines
- Must be homebound
- Requires skilled care need
- Episodic, post acute care
- Emphasized improvement
- No definitive impact
- Anywhere (almost), anytime
VETERANS THAT MAY NEED HBPC

- Impaired mobility making it very difficult to leave home
- Inability to cope with clinic environment due to cognitive, physical or psychiatric problems
- Need for frequent coordinated interventions from multiple disciplines
- Recurrent hospitalizations, emergency room and urgent care visits
HBPC is veteran-centered — veteran and caregiver needs and preferences guide the goals and treatment of care

- Targets 3 types of veterans
  - Chronic complex needs at high risk for placement
  - Palliative care for advance disease
  - Short term home care need for problem
HBPC GOALS OF CARE

- Primary care in veteran’s home
- Promote veteran’s maximum health and independence
- Reduce need for hospitalization, nursing home, emergency room and clinic visits
- Assist with transition home from hospital or nursing home
- Support caregiver
- Give veteran option of dying at home
HBPC INTERDISCIPLINARY TEAM

- Program Director and Medical Director
- Program Assistant
- Physician, Midlevel Provider
- Registered nurse
- Social Worker
- Rehab Specialist
- Pharmacist
- Dietitian
- Psychologist
HBPC TEAM RESPONSIBILITIES

- Determine if veteran needs program
- Develop and implement treatment plan
- Review progress at least every 3 months
- Provide primary care in the home
- Support caregiver
- Educate veteran and caregiver
- Assess including lab draws, provide care, and plan for discharge when appropriate
- Integrate with other Home Care Services
VISN 18: ALBUQUERQUE
HBPC RURAL HEALTH/IHS Project

- Started in 2010
- Covers the Gallup/Grants area (Navajo Nation) and 9 Pueblos between Albuquerque and Santa Fe, and west including Laguna-Acoma area.
- Coverage; 60 mile radius of Gallup and another 60 mile radius from Albuquerque to Santa Fe.
Navajo Nation/9 Pueblos: Laguna, Acoma, Santa Domingo, Zuni, Jemez, Zia, Cochiti, Isleta & Sandia
Navajo Reservation
Challenge: Identifying Eligible Veterans in remote areas

- Partnership with Gallup CBOC
- Rural team outreach with participation at Pueblo Health Fairs and contact with Native American Community Health Representatives
- Identified and presented to Veteran Groups in rural areas
- Identified and presented to other rural Community Based Health Care programs
- Local newspaper recognition
Albuquerque HBPC/IHS Project Data

- Total Veterans served: 101
- Native Americans served: 38
- Total Veterans currently enrolled: 72
- Native Americans currently enrolled: 34

- Team includes: 2 RNs, 1 NP, 1 SW, 0.5 Pharmacist. RD, OT/PT coverage by staff or contract.
Barriers to service include:

- Distances, weather, road conditions
- Hiring and retaining staff in remote rural areas
- Office space, internet access
- Long distance for Albuquerque team members to travel when providing coverage
VISN 18: TUCSON HBPC/IHS Project

- Started in 2010.
- Covers American Indian Veterans in Pima County which includes:
  - The Tohono O’odham Reservation; the 2nd largest in Arizona (size of State of Connecticut).
  - The Pascua Yaqui Reservation; located 15 miles west of Tucson on 1,194 acres. Many of its people live off the reservation throughout Arizona.
Map – Tohono O’odham Reservation
Tohono O’odham Reservation
Tucson HBPC/IHS Project Data

- Total veterans served: 13
- Total Native Americans served: 11
- Total Veterans currently enrolled: 11
- Native Americans currently enrolled: 9

- Team travels up to 120 miles one way for home visits.
- Team includes: NP, RN, RD, OT and SW
Barriers to service include:

- Distances
- Transportation (no VA vans or shuttle)
  - Home care excellent option
- Trust – reluctance to enroll in a new program since historically many programs start in community but do not last
"Alpha Poem"

Helping our military veterans exist for as long as possible in their home

Both with Autonomy and Self Efficacy even with the challenges of age and despite the medical problems they endure

Providing real and effective interventions that are meaningful and which respect the wisdom of their years

Caring for our wounded warriors as they reminisce about their past and progress toward the end of their brave and valued journey

By Beth Wilkins, PsyD
QUESTIONS
Questions